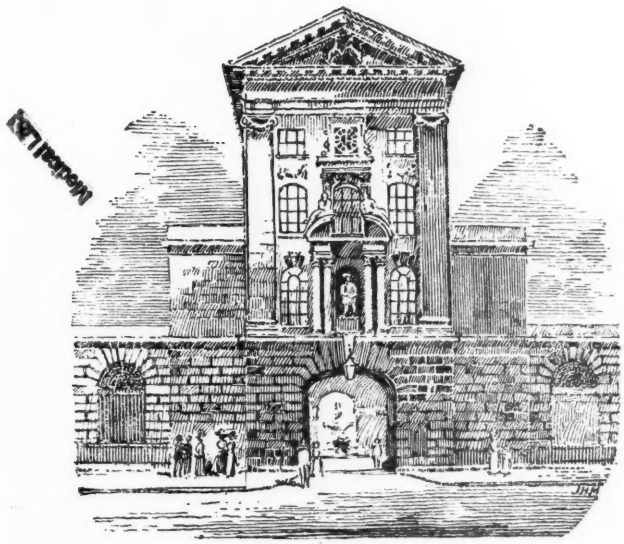
MAR 19 1929

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace.* Book ii, Ode iii.

VOL. XXXVI.—No. 6.] MARCH 1ST, 1929. PRICE NINEPENCE.

CALENDAR.

Fri., Mar. 1.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine: Clinical Lecture by Dr. Morley Fletcher.

Sat., ,, 2.—Rugby Match *v.* Old Leysians. Home.
Association Match *v.* Queen's College, Oxford. Home.
Hockey Match *v.* Brentwood. Home.

Mon., ,, 4.—Special Subject: Clinical Lecture by Mr. Bedford Russell.

Tues., ,, 5.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Wed., ,, 6.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.

Thurs., ,, 7.—**Abernethian Society, 8.30 p.m.—Address by Prof. Fraser: "Contrasts in Medical Education."**

Fri., ,, 8.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.

Sat., ,, 9.—Rugby Match *v.* Pontypool. Away.
Hockey Match *v.* St. Lawrence College. Away.

Mon., ,, 11.—Special Subject: Clinical Lecture by Mr. Elmslie.

Tues., ,, 12.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

Wed., ,, 13.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Association Match *v.* Centels (Annual Charity Match). Away.

Fri., ,, 15.—Prof. Fraser and Prof. Gask on duty.

Sat., ,, 16.—Rugby Match *v.* London Scottish. Home.
Association Match *v.* Old Brentwoods. Away.
Hockey Match *v.* Old Felstedians. Away.

Mon., ,, 18.—Special Subject: Clinical Lecture by Mr. Just.

Tues., ,, 19.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Thurs., ,, 21.—**Last day for receiving matter for the April issue of the Journal.**

Fri., ,, 22.—Sir Percival Hartley and Mr. L. B. Rawling on duty.

Sat., ,, 23.—Rugby Match *v.* Moseley. Home.
Association Match *v.* Old Isleworthians. Away.
Hockey Match *v.* Southgate II. Home.

Tues., ,, 26.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

Fri., ,, 29.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

Sat., ,, 30.—Rugby Match *v.* Bath. Away.

EDITORIAL.

THE ravages of the epidemic of influenza have been felt in the Hospital. The disease, which had no respect for ten of His Majesty's judges, has laid impious finger on the Staff of the Hospital. Half of Lawrence Ward has been turned into a sick-room for influenzal nurses; the Hospital is closed to all but acute cases; and those, who gazed with envious eyes after the retreating forms of the lucky one who managed a holiday in Switzerland, are enjoying the fruits of a well-sustained immunity. The mountain air is guileless, and seems to lull the phagocytes (or whatever the current view of immunity declares as its fundamental) into slumber. The winter sports are easy prey to the disease.

* * *

Sir William Hamer, in his *Epidemiology, Old and New* (to be reviewed elsewhere in these columns), makes many apt suggestions, which include a plea for a wider view of the disease. The bacteriology of influenza is still unsettled. The seed is so carefully scrutinized that the soil is forgotten.

The great influenzal waves, with their little superimposed outbreaks, and the various clinical pictures the disease presents at different times, indicate the need for a broad as well as a minute study. But breadth is harder to achieve than exactitude.

Sydenham, commencing the study which led to the outlining of his Epidemic Constitutions and the recognition of a family (influenzal) of fevers, voiced the difficulty:

"I may state at once that to reduce into classes all the species of epidemics, to arrange them according to their phenomena, to determine in detail the proper method of treatment for each of them, is a work so difficult, an arrangement requiring so much leisure and opportunity, a cycle so little coincident with any recognized sequence of years, that the lifetime of no

single physician would suffice for the collection of a sufficiency of data."

Still, we progress a little, and the Hospital, in its scanty leisure, can reflect that however badly the world suffers from the delay in the administration of Justice, its lot is alleviated and its rigours abated by the unflagging administration of Pulv. ipecac. co.

* * *

We congratulate Mr. F. W. Searle, F.C.S., upon his appointment to the position of Pharmacist to the Hospital.

Those who know Mr. Searle will rejoice that that help in matters of any kind connected with therapeutics and dispensing which was always at their service will be the privilege of a still larger community of students.

* * *

ELEVENTH DECENNIAL CLUB.

The Inaugural Dinner of the Eleventh Decennial Club will be held at the Holborn Restaurant on Friday, April 19th, 1929, at 7 for 7.30, with Mr. R. S. Corbett in the Chair. Those who entered the Hospital as students between January 1st, 1915, and December 31st, 1925, and who have since qualified, are eligible for membership.

It is hoped that as many as possible will be present at the first Dinner. Communications with respect to the Club and the Dinner should be addressed to the acting secretaries, F. C. W. Capps and Wilfred Shaw, St. Bartholomew's Hospital.

* * *

We have been asked by the Dispensary to remind those immediately connected with the prescribing and ordering of drugs in the Hospital that those articles mentioned in the Dangerous Drugs Act (morphia, opium, heroin, cocaine, etc., and their various preparations) must have a date and full signature appended to their prescription.

* * *

We wish once again to remind intending contributors that we cannot consider articles which are not accompanied by the name and address of the author. Anonymity, if desired, will, of course, be strictly observed.

* * *

SIR,—The baby you attended last night seems to be very much better I give her the oil . . . now she seems to be on the wine all the time could you give her a little tonic some sort as she don't seem herself yet.

Yrs. truly,

—From a note to a practitioner.

Nunc pellite in vino curas nostras.

OBITUARY.

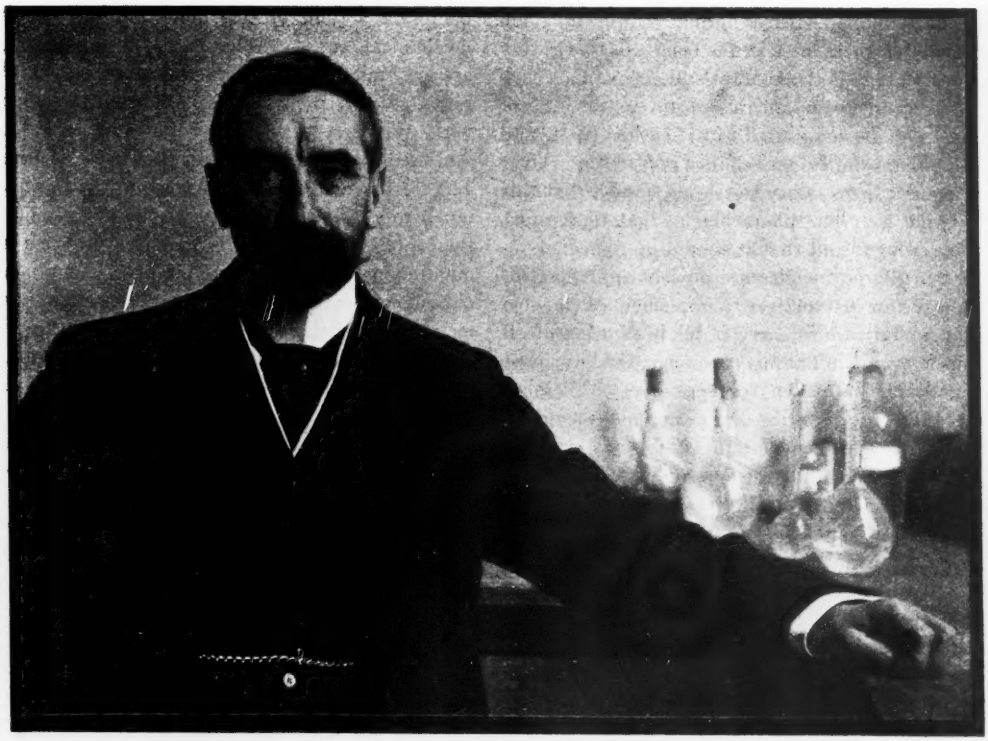
J. F. BULLAR, F.R.C.S.

"MR. JOHN FOLLET BULLAR is reported to have been killed with his wife in a sea-plane accident in France." The tragic sentence stirs many memories of a time long past when the Hospital was other than it now is. In the summer of 1883 Dr. James Andrew was Senior Physician and Bullar was his house physician; Mr. Savory, not yet Sir William, was the Senior Surgeon, and I was his house surgeon. Bullar and I were therefore thrown much together. Our weeks on duty coincided and we professed to dine together nightly. My room was on the ground floor next the old Surgery; he occupied the first floor on the next staircase, so I was nearer the kitchen, and there was no common mess.

He was wonderfully clever, had taken a first in the Natural Science Tripos, passed his M.B. and took his F.R.C.S. without apparent effort. He read nothing, had no books, not even Bristowe's *Medicine*, which was superseded by Osler, and gained all his knowledge, like Socrates, by question, answer and observation. Time was nothing to him. During our six months we did not dine together more than once or twice. It was not a matter of minutes, but he would be late whole hours. He had a robust sense of humour and was a perfect master in the art of setting booby traps. Experience taught his friends not to walk into his room when the door was ajar. They just kicked it open and dislodged the basin of water or the empty coal-scuttle which had been carefully poised above it. When he was about it was wise to look into one's bed before crawling in, just to see if the hairbrushes or the waterbottle had got misplaced, or if the sheets and blankets had not rearranged themselves cunningly. Sometimes his fun was sardonic. Exactly opposite his window, looking into Little Britain, there lived a shoe-maker who hated to be called "Snob," the generic title of cobblers. Snob usually got drunk on Saturday night. Bullar would sit at his window, watch him reeling home and bait him. The shoemaker retaliated by throwing his lasts at his tormentor and usually succeeded in breaking the window. The lasts were impounded, and early on Monday morning Snob, sober and penitent, would come to claim them. One week-end he failed to appear, and Bullar was left wondering until Monday evening, when the cobbler was found in the Surgery complaining of a bad stomach-ache, with Bullar as the house-physician on duty. He was promptly admitted to Mark with

the diagnosis of acute suppurative peritonitis (appendicitis was as yet unknown to us), and Bullar watched the post-mortem. He reminded me of the case when I lunched with him in Guernsey three or four years ago, saying that he still laughed when he thought of the abject terror of the poor fellow when he saw that his old enemy was to be his doctor.

Bullar's appearance was as remarkable as his mind. A small round head perched on a thin neck, which seemed the longer because he usually wore a flannel cricketing shirt, which was never buttoned, and was the more conspicuous because he never wore a necktie or waistcoat. In those days we were more particular about dress than is now the fashion. Bullar wore a round jacket, which must have been old in his early days at Cambridge; his grey flannel trousers were held in place partly by a belt and partly by his right hand, which he kept so constantly in the pocket that his right shoulder was always elevated above his left, as though he had extreme lateral curvature. The trousers, too, were very short, and there was an inch or two of skin visible from the point where they ended to the socks which had slipped down to meet shoes, when everyone else wore boots. His voice was high-pitched, his laugh frequent and genuine, his curiosity insatiable. Of Dr. Andrew, his chief, he had a very high opinion, and used to say of him—"A wise old bird. He can't hear much, but he only examines his pneumonias once and they get well. Besides there is no difficulty in prescribing. Everyone gets H.A.A. or, for a change, H.A.A. cum camph." From the medical wards he went to "Eyes" as house surgeon, and there he made "Bullar's shield" by the simple process of luting a watch-glass over the sound eye with diachylon plaister. In the end he devoted himself to eye-work, was an influence for good in his whole neighbourhood because he was absolutely honest in thought and deed, besides being quite outspoken. He married happily, though there were no children, bred pedigree goats in Guernsey and became nearly blind. D'A. P.



Mr. Langford Moore, late Pharmacist to the Hospital.

ON VOMITING IN INFANCY.

TRAVELLING by Underground has some compensations. At any rate one has fellow-passengers. Among the diversions they provide, it is interesting to watch them when they are brought in close proximity to an infant in arms. The brazen openly remove themselves, while the more sensitive edge furtively away. All expect the baby to vomit over them; their fears are usually justifiable. Unfortunately the calm acceptance of this belief that the young of the human species normally throw up again large portions of their food is not confined to the lay public. In the taking of an infant's history, an account of vomiting recurs as a kind of refrain to the tale of symptoms. One becomes used to it, soothed by it, and eventually unhappy if by any chance it is absent. Over and over again it is necessary to remind oneself that this vomiting is not a normal phenomenon, that there must be some cause for it and that it should be remedied.

Even when these principles are piously apprehended, it is not always an easy matter to implement them. No sane person would care to carry in his head a list of all the reasons why an infant may vomit. Luckily most of them need not be taken too seriously. The more recondite causes for vomiting are either made evident immediately by other concomitant symptoms peculiar to themselves, or are so abstruse as only to be arrived at by a process of elimination. Between the two there are comparatively few conditions which lie at the root of most of the instances of vomiting one encounters. If these are distinguished, it becomes possible to attempt a reasonable treatment for the majority of patients.

From their histories these cases fall into one of three categories. The vomiting occurs as part of some immediate illness for which the infants are seen, or it came on at some definite interval after their birth and continued with more or less regularity for a period of time, or, finally, it is a habit in which they have indulged from birth onwards. These categories are not infallible; obviously the symptom must have a beginning, and such a classification depends on the child not being seen until the process of the disease is established. In practice, however, it is usually not very difficult to identify a case with one of the three.

Among the first group come most of those instances of vomiting already referred to which are part of a special disease, the so-called symptomatic vomiting, as, for instance, at the onset of the exanthemata, in meningitis, in pneumonia and with a cerebral tumour. The cause and treatment is bound up with that of the primary disease. More important is the identification of the vomiting of sudden onset associated with an intra-abdominal accident. In the infant appendicitis is rare. Intussusception and volvulus are commoner. The vomiting they give rise to has ultimately all the characteristics of that associated with intestinal obstruction. It is well if the diagnosis is made before things reach this point. As long as the conditions are borne in mind, the signs in the belly ordinarily make an early diagnosis possible.

Irritation of the gastro-intestinal tract is the commonest cause for a child becoming suddenly ill with vomiting. Such irritation may be due to the effects of bacterial action, or to much simpler chemical or mechanical causes. The earlier symptoms produced are very much the same in either case and may be quite impressive in their severity. For instance, an infant with dysentery started to vomit, became dehydrated and died from toxæmia all in the course of three hours. The treatment, similarly, depends in the first place very much more on the severity of the symptoms than on their precise origin. It is mainly concerned with the maintenance of fluid in the infants' tissues. When the patients are seen, they look grey, their skin is loose and inelastic, their eyes are hollow, and their anterior fontanelles are sharp-edged pits. Fluid can be given as normal saline under their skin, into their peritoneal cavities or into a vein. As a rule a combination of the first two methods provides a sufficiently rapid means of dealing with the dehydration. During epidemics of summer diarrhœa, or when for other reasons there is good evidence that a general toxæmia is present, it is reasonable to combine an equal quantity of a 5% solution of glucose with the normal saline used. During the early stage, also, it is well to wash out the stomach and lower bowel with a weak bicarbonate solution. After the initial effects of the gastritis are dealt with, it becomes necessary to take into account its cause in order that the further treatment may be planned. If the vomiting has resulted from an unsuccessful experiment by the child to extend its range of foodstuffs to soap or from some similar cause, emptying the gut and twenty-four hours' rest from food will usually see an end to the illness, and the diet may be increased to its normal quantity during the course of two or three days. When the vomiting is part of a gastro-intestinal infection such simple measures do not succeed. The infection may last for weeks. Obviously the patient cannot be starved for so long. Furthermore, although fluid is readily absorbed from the peritoneal cavity and subcutaneous tissues to begin with, a sick child seems rapidly to lose this capacity and to become waterlogged after a few days. In such cases, therefore, it is imperative to find a feed which can be tolerated by the stomach,

and which, even if it does not meet the full requirements of the patient, will tend to maintain nutrition and the fluid balance through a long illness. This can only be done by trial and error. It pays to experiment first with an acid feed such as lactic acid skimmed milk or protein milk. Whey combined with a protein preparation is a useful second string. Two days at least should be given to each trial. The feeding is of the first importance, but valuable assistance may be gained by giving bismuth as well.

In the second type of history, vomiting has been present for some time, but not since birth. In this connection three conditions call for attention, namely, hypertrophic pyloric stenosis, pylorospasm and rumination. Fortunately the patients' ages help one to discriminate between them. The most important is the first—pyloric stenosis. The observations that it tends to come on at the age of three weeks, that it is commonest in boys, especially in the first-born, and that it is associated with large, vigorous vomits and with constipation, incline one to its recognition. To see active peristalsis of a distended stomach strengthens the diagnosis; to feel a pyloric tumour confirms it. Feeling the tumour is so valuable a physical sign that it is well worth spending twenty minutes palpating the belly while a feed is given, but nothing is to be gained by efforts vigorous enough to distress the infant. Once the diagnosis is made, the most satisfactory course seems to be to get the patient into the best possible condition by restoring its fluids, and then for a Rammstedt operation to be done.

Pylorospasm tends to produce vomiting at about the third month or later. If there is any inequality in its distribution between the sexes, it is more frequent in girls. The vomiting is often vigorous, but usually the history is given that every time the feeding was changed the vomiting ceased for two or three days. Constipation is not as marked a feature as with hypertrophic pyloric stenosis. Gastric peristalsis can be seen, but a pyloric tumour cannot be felt. The treatment is not easy. An efficient diet should be planned and adhered to for two or three weeks. Thickening the feeds with some starchy food helps by making the vomiting a more difficult mechanical feat. Sodium bicarbonate in 5-gr. doses given in water twenty minutes before each feeding is the most successful therapeutic measure. Operative treatment, sometimes embarked on in error, not infrequently has a lethal effect.

Rumination requires a degree of intelligence for its enjoyment. This the infant does not usually attain until the end of his first year. Sometimes, however, he indulges in this unlawful pastime from the age of six months. The early technique is poor. After much heaving and straining the stomach contents reach the mouth, but in too large quantities, so that much overflows. This must be counted as vomiting, for the deliberateness of the act can only be observed by stalking the culprit from behind screens—a procedure which does not occur to many parents. When the diagnosis has been made, the habit can be stopped by thickening the feeds with cereal and, if necessary, by applying a chin-strap.

In the third group of histories vomiting is a symptom which has been present with varying regularity since birth. The most complete examples of this type are provided by those infants who have a congenital defect of the alimentary tract. The defect is usually an atresia, and the commonest sites for this are the œsophagus, the small intestine or the anus and lower part of the gut. Sometimes more than one place is affected. In the œsophagus the level of the occlusion varies, but there is, as a rule, an abnormal communication with the trachea. An imperforate anus may be due to the absence of the rectum and lower part of the sigmoid colon, or to any lesser affliction down to a small membranous barrier across the anus. Of all such congenital defects, only this last condition is at all amenable to treatment. The symptoms produced by any of them bear a logical relationship to the level of the occlusion of the gut, and vary from the inability to ingest a teaspoonful of fluid to those phenomena associated with obstruction low down in the intestine. A much rarer congenital defect is a membranous diaphragm stretching across the duodenum. This may be penetrated by a small hole so that the infant survives the first weeks and does pass fæces. The condition has to be distinguished from pyloric stenosis, and later, from other causes of high intestinal obstruction. The diagnosis can be made from the skiagram of a bismuth meal. The condition has been relieved by operation.

Such abnormalities lead to extensive vomiting, and certainly give rise to this symptom from the time of the infant's birth. In the same category must be placed the most frequently encountered history of all—that of small regurgitations following most feeds. But here a difficulty arises. Not everyone will admit that this symptom, the bringing back of part of every meal, is a pathological process at all. It very frequently gives it an almost physiological respectability. In fact such terms as "physiological possetting" are current. Names to the clinician are very much as sand to the ostrich. Because this condition can be labelled, one is very apt to forget to look for a cause for it. The fact remains, however, that if enough trouble is taken, it is usually possible to stop a baby regurgitating, and this by comparatively minor readjustments

of its management. The town-bred young of the human species are the worst reared of all the mammalia. One does not have to inquire very far before some glaring fault in their upbringing comes to light. The most usual antecedents to an infant vomiting at the end of its feeds are the unchecked swallowing of air, too rapid a feeding, too large a quantity at a feed, a wrong quality of the food, excessive handling after a feed, constipation or a combination of two or more of these misfortunes. The baby itself is responsible for some of these errors of judgment. While sucking it does not distinguish between air and more nourishing substances; it is sometimes still further misled in this direction by its parents offering it a feeding-bottle so placed that gravity permanently keeps the milk away from the teat. Nor does it immediately appreciate the fact that it is a bad principle to fill the stomach at four times the usual rate when urged by the pangs of hunger. Responsibility must be placed elsewhere in those instances where ridiculously large quantities of food or amazing messes of fat and starch and water are forced on the wretched infant. This is not the place for a tirade against the common abuses in infant-feeding. All that is intended is to make the point that supervision of the management of the baby is the most satisfactory means of abolishing this type of vomiting.

The account of the conditions which give rise to this symptom could be considerably prolonged. No attempt at completeness has been made. An arrangement of the commoner ailments associated with vomiting on a basis of the duration of the history has been suggested. This may be regarded as a kind of sieve through which one's ideas may be sorted. It is by no means infallible; nor is there any need that it should be. For as long as it is recognized that vomiting, despite its frequency, is as important a symptom in an infant as it is in an adult, the search for its cause and its remedy will be conducted as a new problem with each patient.

CHARLES F. HARRIS.

THE MIND AND HOW IT WORKS.

An Address delivered to the Abernethian Society.

(*Concluded from p. 70.*)

I MAY be permitted to say a word or two about psycho-analysis, and I cannot do better than expand a parable related by Joad. Psycho-analysis has been likened to a house with two floors, in which there lived two families in conflict. A select small and respectable family lived on the floor upstairs (consciousness), whilst a dirty, untidy, primitive and rather numerous disreputable crew lived in the basement (unconscious mind). The latter continually encroached upon the upstairs privacy, and so persistent was this disturbance that a policemen (Freud's censor) had to be summoned to keep the peace, by standing on the stairs inside the house between the two families. It took the policeman all his time to keep the families apart, and sometimes he failed because the basement people, who had been repressed and thwarted, disguised themselves as orderly folk (sublimation), made dashes upstairs, owing to their unsatisfied desires, and owing to the disguise assumed, got past the policeman, causing the upstairs people a considerable annoyance (neurosis). At times, when sleep overcame the upstairs family (as well as the policeman), the downstairs lot came through (dreams) without disguise, and caused great havoc with the peace of the top-floor family, dramatizing, condensing and generally acting obtrusively. The policeman, however, being ashamed of his inefficiency, willingly distorted the account (dream) to clear himself.

The chief point, however, is that—according to Freud—the desires of the basement family were due to bad breeding and a disregard for the conventions of life, and they were all obscenely-minded and revelled in the most repellent sexuality—in which they gloried. The irregularities into which the top family were involuntarily and compulsorily driven were all due to the wicked bottom crew, *i. e.* all conscious acts are pre-determined by the inevitable activities of the unconscious mind.

We have seen that ideas form the content of the mind, that the mind is an ever-flowing, ever-changing stream, and it is a very difficult task to stop this stream, which can only be done by the help of the attention, and this is and must be a matter of education which helps to keep ideas in the mind. Ideas in the mind exist in a perfect jumble, and in the cleverest of us they are in an absolutely chaotic state until properly selected by the memory and the attention—which is the first part of the will. Ideas are not socialists; there is no equality among them; on the other hand there is a great rush and a strange medley among them, for there is a constant competition and struggle on the part of ideas to reach the focus of consciousness on the top of this dome.

Although ideas in the mind are in a hopeless jumble, nevertheless there is a tendency, based upon what are described as the laws of association, for ideas to come spontaneously to some decent arrangement among themselves. Ideas which are in any way alike do suggest each other and tend to become associated. This is the law of similarity. For instance, each cross-channel trip I make reminds me of uncomfortable sensations experienced on a similar previous crossing, although I may escape a

repetition of them. Also, each political meeting I attend makes me think of flying chairs and speakers who disappeared; whilst another law, the law of contiguity, suggests to me time and place, but not necessarily similar events, for instance, picking primroses suggests springtime, and a jazz band suggests diaphanous frocks, high heels and cocktails. The actor's cue is based on the law of contiguity, and if the first of several ideas recurs, the others tend to come up with it—witness the child repeating its prayers.

There is lastly a third unanalysable element of the mind, viz. the Will, which we have not yet considered, although we have referred to its first beginning, which is the attention. The will begins when baby "first notices," and it is the basis of mind power, and the distinguishing feature of man's mind. The will is the most important division of the mind, and the power of choice and to say "No" differentiates man from the lower animals. The will is this power of choice—its existence is denied by the Freudians because they assert that all acts are pre-determined by the unconscious mind. The will may be said to be at the root of our inhibition and self-control. It is by the exercise of this faculty that man can claim to rise to a higher sphere of action and conduct. "He who is firm in will moulds the world to himself" (Göethe). It is the will that suppresses the passions, that governs the instincts and controls the emotions. It is the will that prevents the emotions from exercising an undue influence over our conduct, and it is the will (through the attention) that collects the momentary impressions and the fleeting ideas that pass along upon the flowing stream of thought, and helps to bring them into the focus of consciousness from the margin. In the whole mental field it is the will alone that directs the motives for our actions. The insane are unable to concentrate their attention and their ideas fail to become focal; they remain on the margin with many others, so that their ideas are confused, their conversation becomes inconsequent and their conduct unreliable.

In the working of our minds we must concentrate attention and fortify the will, and permit no distractions to divert our thoughts. We must beware of mental indolence, of "mooning" or "day-dreaming" or "building castles in Spain," because there are no castles in Spain, and therefore you are wasting your time. This is a half-awake condition, and well on the way to a suspension of mental activity—certainly of the will. You know that in some mental disorders the will may be unable to act, and a special name has been given to this form—"*folie du doute.*" For instance, a girl cannot go upstairs because she can't decide whether to start with the right foot or the left. I have known a youth unable to dress because he could not make up his mind whether to pull on his right or left sock first. One man cannot cross the street in an open place, and another cannot travel by underground or by 'bus, because he is afraid of closed places. It is useless as well as unkind to argue with such a person, or to tell him that he can be well if he chooses. He will only conclude his case is hopeless, or that his case is not understood, and he will go away in the firm belief that his case is incurable and chronic, or that he himself is regarded as a shammer or a malingerer. A classic case is that recorded by Sir James Paget—a name greatly revered in this School. A patient was brought to him by her mother, who told the great surgeon, "She will not walk." The patient exclaimed, "I cannot walk," but Sir James summarized the truth by saying, "She cannot will," *i. e.* until the weakened will-power has been strengthened by a belief in her cure she would not recover, but would continue helpless until "suggestion" had presented to her the idea of recovery, and then the emotion aroused by this idea would bring out the latent will-power and she would be restored. I well remember a similar case in the psychological department when a girl limped into the room, but went away whole the same afternoon, through the influence of suggestive treatment carried out by my former colleague, Dr. Snowden.

The mind has very properly been described as a most complex piece of machinery, and perhaps not inaptly compared to a motor-car in its mechanism, for the motor-car depends normally for its efficiency upon the proper {co-ordination, correlation and association} of the {water circulation, lubrication and electrical fittings,} all associated with the steering-wheel—the mind.

To the student a knowledge of how the mind works will save a vast amount of time, which is now wasted because he does not know how to use it, and any help or device that makes for mental efficiency should be welcomed. Let me therefore say something about examinations and preparations for them based upon our present knowledge of how the mind works.

Students and nurses must pass examinations—often a time of great anxiety, because valuable appointments and other important events in the life of a student depend upon his success in them. Examinations are often condemned because it is asserted they are not the best way to test a student's knowledge, but until some better method is invented they must remain the fairest test. The teacher's certificate has been suggested as an alternative, but at best, as Sir William Collins has said, it can testify to opportunity, but not to acquirement. Sir William Savory's testimonial to a "chronic" student—there are no chronics to-day—may

be recalled: "I can testify to the many opportunities that Mr. Smith has enjoyed in this great hospital to make himself acquainted with every branch of medicine and surgery." To many persons examinations are an incentive to hard work. It is certain they are a help to self-expression, and they are without doubt a valuable aid to link up new facts with old knowledge.

In conclusion, and in accordance with what has gone before, the first essential is to have a scheme: you must not be formless in your studies; draw a plan or time-table, and stick to it. Method is absolutely essential in your work. Some American universities believe that method can be imparted by instruction, and they have accordingly appointed special supervisors of study. Clifford Allbutt wrote a treatise on the subject for the guidance of graduates. Having fixed a scheme, form "habits" of study. The whole of education really consists in "habit" formation, and you know a habit is doing a thing again and again, and time after time, until the impressions become fixed. When a habit has been formed, it is easier to acquire new thoughts, because in a habit you hand over to effortless automatism things that can be revived at convenience by the memory, and the mind is thus free for fresh attainments. Don't be in a hurry, but learn to read quickly and to perceive swiftly so as to economize time. Learn to trust your memory. I often think time is wasted in making too many notes at lectures. The clinical lecturer, for instance, multiplies instances to show his meaning; he emphasizes facts to stress his point, and he repeats what he says for the sake of impressiveness. I think it much better to look up the subject of the lecture in your text-book—not one, but many—as it is a great gain for your ideas to pass through many mediums, for you profit by the added impressions. As already stated, it is of the greatest importance to concentrate your attention. Don't dawdle! because a firm intention to remember helps to deepen the impression. Psychologically speaking, attention affects the firmness of retention. Concentration is difficult, but it is the core of mental activity, and it is well worth the trouble and cost. Serve the mind faithfully and well, and it will then serve you. It is not only a good servant, but also a good master.

Seneca said that "as the soil, however rich, cannot be productive without cultivation, so also the mind cannot produce good fruit without culture."

Let me remind you in conclusion that the mind is inseparable from the body. The mind is clearest when health is best. Physical fitness is necessary for clear thinking. Sleep, food, exercise and rest are all points to be considered by the brain worker. If you make active and vigorous effort and take the trouble to use your mind faithfully and wisely, you will not only become distinguished in your profession, but also one of the great persons of your generation.

ROBERT ARMSTRONG-JONES.

BENJAMIN JESTY: A FORERUNNER OF JENNER, 1737—1816.*

ON an August evening, thirty years ago, two American tourists bared their heads before a tombstone in a quaint hamlet by the picturesque Dorset coast. One of the two would have attracted attention by his curiously yellow complexion, his drooping moustache, and his wonderful, deep-set eyes. He was the first Professor of Medicine in the Johns Hopkins University, travelling *incognito* as Dr. Egerton Y. Davis. The other now edits the world-famous *Principles and Practice of Medicine* of his elder companion. Let us study the inscription which aroused their interest and appealed to their humanity:

(Sacred)
To the Memory
of
Benj^{m} Jesty, (of Downshay)
who departed this Life,
April 16th, 1816,
aged 79 Years.

He was born at Yetminster in this
County, and was an upright honest
Man: particularly noted for having
been the first Person (known) that
introduced the Cow Pox
by Inoculation, and who from
his great strength of mind made the
experiment from the (Cow) on
his Wife and two Sons in the Year 1774.

This epitaph has kept Benjamin Jesty afloat on the stream of time.

A prosperous cattle-dealer, Jesty lived from day unto day a life no doubt of watertight compartments, looking neither before nor after. He was eccentric, quaint in behaviour and speech, though his powers of observation were great, and he was capable of much serious and sensible reflection. One day the sky blackened; a wave of smallpox swept the land. And Jesty's spleen shrank at the thought that to-morrow maybe, or the day after, his darlings would fill the belly of the worm with delight. Invention is the illegitimate child of necessity and fear. Two maids in Jesty's household had contracted the cowpox, and believing themselves, according to the countryside tradition, to be *ipso facto* immune from the dreaded smallpox, fearlessly attended relatives stricken with that disease. They did not become infected. This biological phenomenon made a deep impression upon their master's

* A paper read before the Osler Club, January 25th, 1929.

anxious mind. He is said to have had the cowpox himself, though his family was not so protected. Whereupon his thoughts worked feverishly. In the end he determined on a bold enterprise. He took his wife and two sons, aged 2 and 3 years, into the field of a neighbouring farm at Chittenhall, and there inoculated them with cowpox matter, taken on the spot from the udders of different cows. The incision was made with a darning-needle. Mrs. Jesty was inoculated below and the children above the elbow. The two boys developed the disease in the manner of true gentlemen. Mrs. Jesty, however, behaved in the erratic fashion peculiar to her sex; she sported a high temperature, and her arm in the course of a week became so swollen and angry that a thrill of compassion swept the entire neighbourhood. It is said that a certain surgeon in the vicinity anxious to copy the original experiment nearly lost his practice. Fortunately Mrs. Jesty repented in good time and made a perfect recovery.

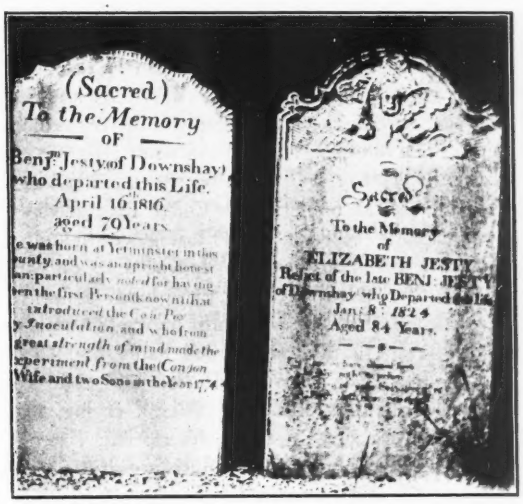
News of the farmer's revolutionary experiment spread with snail-like rapidity through the civilized world. This need cause no surprise. In those days means of communication were primitive. Furthermore, the fortunes and enterprises of a cattle-dealer did not stir the scientific imagination. It is certain that though the experiment was performed in 1774, Jenner had not heard of it when he introduced vaccination, twenty-two years later. How different might have been the story of his life and fame, had he had knowledge of the work of an obscure peasant, who was in advance of his generation. There is evidence that the great Jenner regarded the account of Jesty as an invention likely to detract from the credit due to himself. Upon the recommendation of the Rev. Dr. Bell, the Jennerian Society of London invited Jesty, in 1804, to pay a visit to the metropolis and give an account of his discovery. Their's the greater glory. Unfortunately the great man who had but lately bruised the head of the smallpox was now laid low by that crawling serpent, the gout, which bruised his heel. The following year he paid his first visit to London, when the members of the learned Society were much amused by his appearance and manner. His wife, a lady of sense, had urged him to buy himself respectable clothes, but the farmer was headstrong. His clothes are described in a contemporary account as "peculiarly old-fashioned."

The old farmer had his portrait painted by M. W. Sharpe. He proved an impatient sitter. The story goes that he could only be kept quiet if the artist's wife (who we may imagine was the very opposite to Mrs. Jesty) played to him on the piano. Let her take her place in the story of vaccination with the Davids of history. The portrait was presented to Jesty, together with a pair of very handsome gold-mounted lancets and this statement:

"Mr. Benjamin Jesty, farmer, of Downshay, in the Isle of Purbeck, having visited the original Vaccine Pock Institute, Broadstreet, Golden Square, London, in August, 1805, we think it a matter of justice to himself, and beneficial to the public, to attest that among other facts he has afforded decisive evidence of his having vaccinated his wife and two sons, Robert and Benjamin, in the year 1774, who were thereby rendered unsusceptible of the smallpox, as appears from the exposure of all the parties to that disease frequently the whole course of thirty-one years."

This is the argument which Jesty used in his experiment:

"For his part he preferred taking infection from an innocuous animal like the cow, subject to so few disorders, to taking it from the human body, liable to so many and such diseases, and that he had experience on his side, as the casual cowpox was not attended



TOMBSTONES OF MR. AND MRS JESTY, WORTH MALTRAVERS, DORSET.

with danger like the variolous infection; and that beside there appeared to him little risk in introducing into the human constitution matter from the cow, as we already eat the flesh and blood, drink the milk and cover ourselves with the skin of this innocuous animal."

The mortal remains of Mr. and Mrs. Jesty rest side by side in a sleepy Dorset churchyard. But their spirits frolic, we may be sure, whenever the pious memory of immortal Jenner is honoured in solemn silence. A faint impish laugh, a bang, and the picture of the great benefactor to humankind falls with a crash to the ground.

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W. R. BETT.

A CASE OF CONGENITAL MORBUS CORDIS.

"Thou wouldst not think how ill all's here about my heart."
Hamlet, v, ii, 222.

IT is sometimes difficult to decide whether a patient is suffering from congenital morbus cordis or not, whilst it is often quite impossible during life to diagnose the particular defect which is present. The following is a case in point :

A. G. L—, a baby, æt. 11 weeks, was admitted to the Belgrave Hospital for Children under Dr. Cautley on September 20th, 1928, as it was losing weight and not taking food well. At birth he appeared to be a perfectly healthy, full-time baby, weighing 9 lb. He progressed quite satisfactorily until he was 8 weeks old, when he began to take the breast badly and to lose weight. One week before admission the child commenced to have attacks of cyanosis on crying, when, to quote the mother's graphic description, "he goes blue and his little body shakes into a terrible knot." In between these attacks his colour was normal.

Both parents were healthy and had one normal child. There had been no miscarriages. The pregnancy and labour in the present case were uneventful.

On examination the child appeared wasted, with a large and slightly depressed fontanelle. The weight was 8½ lb. Paroxysmal attacks of crying were accompanied by cyanosis, most marked in the extremities, but at rest the blueness disappeared and slight pallor was the only feature noticed. On examination of the heart there was no bulging of the præcordium and no thrill present. The apex-beat was located in the fifth interspace, half an inch outside the nipple line. The area of cardiac dullness was difficult to define, but X-ray examination showed that the right border of the heart extended one inch to the right of the sternum. Careful auscultation of the chest by several observers failed to reveal any murmur or other abnormality in the heart-sounds. The lungs and abdomen appeared normal. There was no clubbing of the extremities. The child was not a mongol and showed no spina bifida or other congenital defect. The Wassermann reaction was negative, and the blood-count showed the following figures : Red corpuscles, 5,740,000 ; hæmoglobin, 96% ; colour index, ·84 ; total leucocytes, 14,300 (differential count normal).

The child continued to lose weight, the surface temperature remained subnormal and the pulse frequency rapid (140–150 per minute). There were no convulsions, but the child continued to have attacks of crying accompanied by cyanosis, and died three weeks after admission, at the age of 14 weeks.

Post-mortem examination revealed a most interesting and unexpected condition in the heart (see figure). The organ was much enlarged and weighed 5 oz. Both auricles were distended. The right ventricle was very small and the left ventricle disproportionately large. The pulmonary artery arose as a very large trunk from the left ventricle, gave off its two pulmonary branches, and continued as a smaller trunk (corresponding to the ductus arteriosus) to join the arch of the aorta. From the small right ventricle arose the aorta—a much smaller trunk than the pulmonary artery. It gave off its branches and then joined the ductus arteriosus to form the descending aorta. The left auricle received the pulmonary veins, whilst the right auricle received the venæ cavæ. There was a communication between the two auricles through a widely patent foramen ovale, and also a communication between the two ventricles. This gap in the interventricular septum did not occur in the usual situation, namely, the pars membranacea, but about ¼ inch below it. The mitral valve showed nodular, hard masses and its chordæ tendineæ were short. It cannot have been competent. The tricuspid ring was represented by a very narrow orifice (only just admitting a probe) and the tricuspid valve was absent.

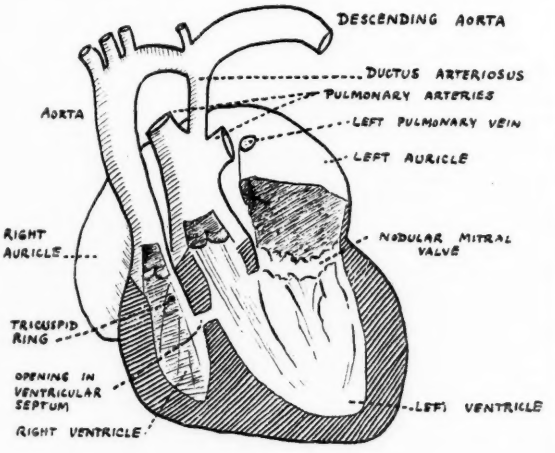
There were no congenital defects in other parts of the body, and nothing of note was discovered in the rest of the examination.

DISCUSSION.

From the point of view of diagnosis three types of congenital morbus cordis may be described. In the first (notably in some cases of patent foramen ovale) no abnormal symptoms are produced and the lesion is only discovered post-mortem. In the second type (*e.g.* cases of pulmonary stenosis) such obvious signs and symptoms are present that there is no hesitation in diagnosing the condition. The third type presents more or less difficulty in diagnosis, and Mackenzie (1) would put the majority of congenital hearts into this category, for he states that "it is only in exceptional instances that the symptoms permit of a recognition of the

nature of the cardiac defect." In the above case it was obviously impossible to diagnose the multiplicity of lesions present, and indeed, so few were the signs and symptoms, that it was at first only with hesitation that the heart was pronounced to be defective.

The first sign to cast suspicion on the state of the heart was cyanosis. This was entirely absent at first and only appeared one month before death. It is interesting to notice that cyanosis appearing first during the last few weeks of life is the usual termination in cases of incomplete septal defects unassociated with pulmonary stenosis (Maude Abbott (2)). The type of cyanosis present in the above case seemed to be of the paroxysmal type, to which Thomson (3) had drawn attention. He describes paroxysmal attacks of cyanosis (usually



accompanied by severe pain and sometimes leading to convulsions and even death) as occurring in 10% of his cases of congenital heart disease, often setting in as a result of dyspepsia or flatulence. Paroxysmal cyanosis may, however, be caused by conditions other than congenital heart disease, namely epilepsy, asthma, large thymus, etc. (Poynton).

The very mild degree of cyanosis here present may be partly due to the absence of pulmonary stenosis (the commonest cause of this condition; though according to Peacock (4) the degree of blueness does not bear a strict relation to the amount of obstruction). Transposition of the arterial trunks typically gives rise to cyanosis, as do many cases of patent interventricular septum, though in such the right ventricle is typically enlarged.

As the cyanosis was so slight, it is not surprising that its usual accompaniments were not in evidence. Thus there was no clubbing of the extremities—a condition in congenital morbus cordis which never occurs apart from cyanosis (though a few unorthodox cases have been described, such as Norman Moore's (6) case of a girl who died at the age of 8 from pulmonary stenosis and incomplete septum ventriculorum, who had cyanosis and clubbing of the nose but not of the fingers or toes). Similarly, another sign of oxygen unsaturation, namely, dyspnœa, was not marked in this case, nor were those suffocative attacks associated with syncope, which M. Louis (5) regarded as pathognomonic of communication between the right and left cavities of the heart, noted in this patient. Finally, the blood changes which often accompany cyanosis, namely polycythæmia, increased hæmoglobin content, increased specific gravity and abnormal red cells (macrocytes and nucleated red corpuscles), were not found in this case.

The subnormal temperature and rapid respirations fit in with the general picture of congenital morbus cordis (Colbeck), whilst the failure to gain weight (which was the first abnormality noticed) was but the commencement of that condition of immaturity and emaciation which Hunter (7) so picturesquely described in an older patient when he stated that "this young gentleman put me in mind of the delicate Italian greyhound, and when I looked upon his legs particularly I could not but think of the legs of a wading water fowl."

The absence of any cardiac murmur is significant. The valvular defects might have been expected to lead to some alteration in the heart-sounds, whilst a patent ductus, a patent interventricular septum and (occasionally) a patent foramen ovale have each had characteristic murmurs described for them. The presence of multiple lesions will, of course, considerably modify the picture presented by each individual defect. In the above case perfectly normal heart-sounds covered a multitude of defects.

In a somewhat similar case described by Cautley (8), with transposition of the great vessels, patent ductus and patent foramen ovale and interventricular septum there were found moderate cyanosis and clubbing, with a systolic pulmonary and apical murmur. In this case, however, there was slight pulmonary stenosis, whilst the mitral and tricuspid valves were normal.

I am indebted to Dr. Edmund Cautley for permission to publish this case. The specimen is No. C. 6 in the Belgrave Hospital Museum.

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(4) PEACOCK.—*Malformations of the Human Heart*, 1866, p. 178.

(5) LOUIS, M.—*Ibid.*, p. 192.

(6) MOORE, NORMAN.—*St. Bartholomew's Hospital Reports*, 1875, p. 228.

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W. V. CRUDEN.

ABERNETHIAN SOCIETY.

A MEETING of the above Society was held in the Medical and Surgical Theatre on Thursday, January 24th, at 8.30 p.m., the President, Mr. E. T. C. Spooner, in the Chair. Sir ROBERT ARMSTRONG-JONES delivered the Mid-Sessional Address, "On the Mind and How it Works."

Part of the address appeared in the February number of the JOURNAL; the conclusion is printed elsewhere in the present number.

A vote of thanks to Sir Robert Armstrong-Jones was proposed by Dr. LANGDON BROWN, who denied that he was a disciple of Freud, as had been suggested. The vote was carried with acclamation.

The meeting was then adjourned.

A meeting of the Society was held in the Morbid Anatomy and Histology Laboratory on Thursday, February 14th, at 5.30 p.m., the President, Mr. H. J. Burrows, in the Chair, when Dr. G. A. HARRISON delivered an address, "Extracts from the Diary of an M.O. in Mesopotamia."

The lecturer described the journey to Mesopotamia *viâ* South Africa, the activities of the 25th Indian Hospital at Basra, which was staffed by the R.A.M.C. and I.M.S., and showed photographs of the routine activities of the M.O., such as holding "louse parades."

The Base Isolation Hospital was next described. At this Hospital, where Dr. Harrison was in charge of the Smallpox Wards, every conceivable form of infectious disease was found—the common infections, as well as relapsing fever, plague, cerebro-spinal fever, typhus and smallpox. Relapsing fever was treated very successfully with salvarsan. The diagnosis of smallpox from chickenpox often caused great difficulty, the distribution of the vesicles being the chief point in distinction.

Numerous photographs were shown on the screen during the address.

A vote of thanks to Dr. Harrison was proposed by Mr. CORBETT, who had been stationed in Mesopotamia near Dr. Harrison, was seconded by Mr. C. F. MOORE, and was carried with acclamation.

The meeting was then adjourned.

STUDENTS' UNION.

THE DEBATING SOCIETY.

THE St. Bartholomew's Hospital Debating Society spent a very enjoyable and successful evening on February 5th, 1929, when the Society met representatives of the Royal Free Hospital to debate the motion: "That in the opinion of this House the entry of women into the medical profession has been of advantage to the profession and the public." The chair was taken by Sir Thomas Horder, Bart., at 8.30 p.m.

The Proposer, Dr. CHODAK-GREGORY, said that at the present time there was a wave of distrust of women medical practitioners. It has been said that women doctors were not normal women. That was true of the old pioneers, who had to be the pushing, fighting sort of person, but the modern women students were girls who had done well at school and shown themselves to be intellectuals. There was a relic of Victorian times, too, in this antipathy to women medicals. These women were allowed to enter the professions of teaching, nursing and perhaps politics, but that only by the back way of getting teas for their husbands' friends. Women were different from men physically, physiologically and mentally. They had a greater gentleness of mind, were more sympathetic and could more readily understand their patients' position. They had a greater deftness of hand, which was invaluable in surgery. Surgery was a mixture of carpentry and needlework, and none would deny the superiority of women in needlework. Above all, women retained interest in their patients, and were inherently honest.

The opposer, Dr. CROSSLEY-HOLLAND, said that at first women medicals were the idols of the public. Women said they wanted women doctors. Now they were unemployed. Men won't have women. Women don't like them; children go where they have to. Women medicals were useless in war, or in pioneer camps, and did not take the jobs for which they were best suited. Women were driven into medicine by a large size inferiority complex. The medical profession did not want women in medicine. This was not due to prejudice, but because they feared that women were unsuitable for the profession. Now that the initial excitement of women's entry into medicine was over, their position must be judged by the work they had done. This was negligible, yet they had diluted the number of doctors and so cut the rates of remuneration. The fact that a woman was not admitted to the G.M.C. before 1924 showed that the authorities know that the admission of women is undesirable.

In supporting the motion, Miss MACNAUGHTON-JONES pointed out that the present fuss was over a readmission of women to medicine. The first known woman doctor practised in 1258 B.C., since when they had practised continuously till recent times. Even St. Paul was treated by a woman during an illness. The present position was really caused by the Reformation, and the resulting general submission of women to men's rule after the suppression of the convents. Women had done great things for the profession and the public. They had put up hospitals for women and children, which had greatly helped to reduce infantile mortality rates, and so to cause fewer baby boys to die—a matter affecting the question of superfluous women.

Mr. F. W. J. WOOD, supporting the opposition, stated that women could not become efficient doctors because they could not create the right atmosphere. More could be done with a silk hat and white spats than can be done with pyjamas. Women doctors lose their womanliness, but do not gain manliness. A woman's sympathy is lost to women medicals. Instead of flowers they must bring with them a stethoscope. In examinations women were looked upon as a joke. A woman doctor was as useless as a male nurse. The motion was then thrown open to debate.

Mr. G. J. SOPHIAN rose to stress the point that the advent of women to medicine had been prejudicial to the profession. The increased numbers had lowered the rates of pay. Child welfare centres and school medical services led to State medical service—which the profession did not want. In these services women were exploited to look after children in other doctors' practices.

Mr. J. W. O. FREETH thought that welfare clinics and school medical services would have arisen if women had not entered the medical profession, so that the previous speaker's accusation was not a fair one.

Miss BECK thought that the opposer was mistaken in belittling women's work in medicine. Wertheim's hysterectomy was first practised in this country by a woman; so was perinæal excision of the rectum.

Mr. I. W. MATHESON said that women were willing to take lower rates of pay than men. They had fewer expenses in clothes and in the household.

Miss CONWAY and Miss CLEEVE found fault with the opposer's statistics concerning the proportion of women on the staff at the Royal Free Hospital. There were at present equal numbers of men and women, and more women would be elected when the present seniors retired.

Miss EYTON-JONES stated that women did want women doctors to treat them, and that women were specially useful in welfare clinics.

Mr. R. H. MASSINA said that women had a big sphere in preventive medicine.

Mr. H. HARRIS, speaking as a layman, considered that doctors were overworked and too rarely consulted. He welcomed any means of increasing their number.

Mr. R. F. PHILLIPS stated that women doctors were not wanted in England, but he thought they had an opening in India.

Mr. A. A. MILES protested that it was an inferiority complex that spoilt women in medicine. They brought no benefits to the profession, only arousing opposition by spending their time justifying

their position, or talking of their gentleness and their honesty—attributes which were taken for granted in men. In this way women lost their right to be heard as medicos.

Miss KERSLAKE thought that medical women had expenses equal to those of medical men. They had no more time to make their clothes than men had. If England had too many doctors the men should go abroad.

Mr. F. C. W. CAPPS considered that men could have undertaken preventive medicine just as well as women have done. Those women who went abroad usually had some other "urge"—often that of a missionary.

Dr. H. BURT-WHITE reminded the House that the woman who had done most for preventive medicine was not a medical practitioner. He referred to Dr. Marie Stopes. Women were useless in medical work. He considered midwives to be ignorant people who do nothing. Ante-natal clinics were organized by men and had done good work. Welfare clinics were run by women and were useless.

Mr. DARKE suggested that women will never make good doctors, because to do so requires a high degree of low cunning and an ability to lie skilfully.

Dr. CHODAK-GREGORY and Dr. CROSSLEY-HOLLAND then replied in brief manner for their respective sides and a division was taken.

There voted for the Ayes 198, and for the Noes 176, so the ayes had it by 22 votes.

The meeting closed at 10.45 p.m.

RUGBY.

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

Played at Winchmore Hill on February 2nd in heavy rain and resulting in a draw, neither side scoring. Owing to the weather conditions the game became a struggle between two packs of forwards, the backs having to content themselves with up-field kicking, as passing movements invariably broke down, to the advantage of the opposing side. The Hospital forwards were, perhaps, a shade better than their opponents, their dribbling being particularly good, but the Services' defence was very sound and we were unable to cross their line.

Our team was the same as that which represented the Hospital in the Cup-tie on the following Tuesday.

Inter-Hospital Cup: First Round.

ST. BARTHOLOMEW'S HOSPITAL *v.* UNIVERSITY COLLEGE HOSPITAL.

This match was played at Richmond Athletic Ground on Tuesday, February 5th, and was won by the Hospital by 4 goals, 7 tries (41 pts.) to *nil*.

The game was much too one-sided to describe in detail. University College attempted to play a spoiling game throughout, and their backs did not bring off a single attacking movement. Their forwards, however, were a lively if unskilful pack, whose somewhat unorthodox methods seemed to puzzle our eight; they were, of necessity perhaps owing to the nature of the game, allowed a certain amount of licence in the matter of off-side play, but this did not prevent our backs scoring at more or less regular intervals, except for one period of twenty minutes in the second half, when play was kept mostly in our half of the field.

A. W. L. Row turned out again at short notice to fill the full-back position adequately. The three-quarters, although flattered by the weak opposition, played well, particularly Prowse and J. T. Rowe, who scored four tries each; Powell, however, was not running in the determined manner that he has hitherto shown this season, but he made one well-judged cross-kick which led to a score. Both halves were again good, but the forwards were inclined to take things easily, and the heeling was more slovenly than usual.

Tries were scored by Prowse (4), J. T. Rowe (4), C. R. Jenkins, Powell and Beilby; C. R. Jenkins kicked 3 goals and H. E. Edwards 1, but the place-kicking as a whole was poor. Mention must be made of Williams, the University College full-back, who played a very fine game and prevented an even bigger score against his side.

Team: A. W. L. Row (*back*); J. T. Rowe, T. E. Burrows, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); R. N. Williams (capt.), C. R. Jenkins, H. D. Robertson, V. C. Thompson, H. G. Edwards, J. M. Jackson, J. R. R. Jenkins, A. Barber (*forwards*).

Owing to the frost the matches arranged for February 9th and 16th against Glamorgan Wanderers and the O.M.Ts., both at home, had to be scratched, and the second round Cup-tie against the London Hospital, originally to have been played on February 19th, was postponed. The Cup-tie will probably take place on Friday, March 1st.

February 23rd: *v.* London Welsh (away), lost 3—9.

HOCKEY.

2nd Round Inter-Hospitals Cup-tie.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

February 11th, at Richmond. For the last three years we have met Guy's in this competition and have been beaten by them. This year we have broken the sequence, and we are now in the most favourable position for lifting the cup that has occurred for several years.

It was a bitterly cold day, the first day of the Great Frost, and the ground was hard and bumpy. From the bully-off we started attacking and Francis scored in the first five minutes; this shook Guy's to the core.

Several dangerous attacks were made by our opponents, and Hodgkinson was called upon to clear in his usual fashion.

At this period of the game there was a bout of wild hitting on both sides, which, owing to the condition of the ground, was dangerous, and Neill had the misfortune to lose two teeth, but this injury did not prevent his playing a wonderful game. Accurate passing among our forwards enabled Francis to score two more goals by half-time.

After the interval play was mainly confined to the Guy's half, except for several of their forward rushes, one of which produced a goal through Archer.

Our half-backs were playing very sound hockey and enabled the forwards to score three more goals, two by Francis and one by McCay, leaving us winners by 6 goals to 1. Mention must be made of the small band of supporters who stayed to the end: they must have been chilled to the marrow.

Team.—H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*): M. S. Fordham, W. F. Church, K. W. D. Hartley (*halves*); E. J. Neill, F. H. McCay, R. H. Francis, Jameson Evans, J. W. C. Symonds (*forwards*).

ASSOCIATION FOOTBALL CLUB.

This term we have played five club matches, three of which were won and two drawn.

Results.

January 12th: St. Bart.'s, 4; Old Wykehamists, 3.
January 19th: St. Bart.'s, 6; Old Westminsters, 4.
January 26th: St. Bart.'s 7, St. John's College, Cambridge, 7.
February 2nd: St. Bart.'s, 2; Old Cholmeleians, 2.
February 9th: St. Bart.'s, 6; Aldenham School, 3.

It will be seen that we have scored 25 goals against 19. This indicates that the defence needs bracing up. When that is done the side will have a great chance of winning the Hospital Cup, the final of which is on Wednesday, March 6th, at the Wembley Stadium. We hope to beat U.C.H. on Monday, February 25th in the semi-final, and so contest the final with Middlesex.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD WYKEHAMISTS.

This provided a keen contest, the game being extremely fast. The Old Wykehamists were the first to settle down and gave the Hospital defence much anxiety with their clever passing. The first half ran largely in their favour and they scored three goals without reply from us.

The second half saw a great reversal of form. Starting off with great gusto we were soon around the Wykehamist goal, Gilbert scoring from a difficult angle. From then on we were the fitter side, and three further goals were added by Phelps.

Result: St. Bart.'s, 4; Old Wykehamists, 3.

Team.—J. H. Watkin (*goal*); R. McGladery, R. L. Wenger (*backs*); G. H. Brookman, E. A. Keane, J. R. Crumbie (*halves*); A. Caplan, I. E. Phelps (capt.), R. G. Gilbert, W. Hunt, D. Shackman (*forwards*).

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I write with that altruism which, doubted by science, is upheld so boldly by those most famous British institutions, the morning papers. Ever since the time—how long ago it is!—when the *Morning Post*, voice of true Britain, was reduced in price to a penny, the A.R. has been blessed with twice the former number of its copies.

I read—who can doubt it?—no other paper than this, yet there are some perchance who prefer the *Chronicle*, the *Express*, the *Mail* even the *Times* or the *Telegraph*; and as I sit reading both my *Morning Posts*, I see, when all other papers are occupied, three (or five) dejected *Posts* lying idle on the benches, trying for lack of patrons, though in vain, to read each other. Could not two or even four of these vacant copies be dispensed with and an extra *Times* and *Telegraph*, so much in demand, so sadly lacking, be obtained?

I am, Sir,
Yours, etc.,
A. SUGDEN.

Abernethian Room,
February 16th, 1929.

REVIEWS.

THE PRINCIPLES OF CLINICAL PATHOLOGY IN PRACTICE. A Guide to the Interpretation of Laboratory Investigations for the Use of those Engaged in the Practice of Medicine. By GEOFFREY BOURNE, M.D.(Lond.), M.R.C.P., and KENNETH STONE, M.D. (Oxon.), M.R.C.P. (Oxford University Press: Humphrey Milford, 1929.) Price 16*s*.

This book is to be reviewed later in this JOURNAL. It aims at the interpretation of pathological findings in disease for the general practitioner—a subject of great importance and of some difficulty.

It is important because without the knowledge of the degree to which the various laboratory tests are applicable in any given case the clinician is too much in the hands of his laboratory colleague, the present undue ascendancy of the latter in the field of medicine being probably directly ascribable to this.

It is difficult because it is now impossible that any practitioner shall have had a training in more than one or two such special subjects, so as to be able to assess for himself the probable value of an investigation. The present work is an attempt to collect what are the most constant clinical pathological findings in disease, to state when the result of a test, whether positive or negative, is of value, and to record when such a test is worth doing, and when it is incapable of giving help.

CLINICAL CHEMICAL PATHOLOGY. By F. SCOTT FOWWEATHER, M.D., M.Sc., D.P.H. Pp. 216. 17 illustrations. Price 8*s*. 6*d*.

The book fills a real need. It expresses concisely and in simple terms the interpretations of the various chemical pathological tests which are done nowadays in ever-increasing numbers.

To students and housemen it should be very useful, as it covers all the ground in the subject they require. The writer of the book emphasizes the fact throughout that this specialized work can only aid one in diagnosis and its confirmation, and that it does not replace the clinical sense, which in these days seems to be fast disappearing.

There is an excellent foreword by Sir Berkeley Moynihan.

VARICOSE VEINS AND THEIR TREATMENT BY "EMPTY VEIN" INJECTION. By RONALD THORNHILL, M.B., Ch.B. First edition. (London: Baillière, Tindall & Cox, 1929.) Price 5*s*. net. Pp. 63.

The injection treatment of varicose veins is admittedly still in an experimental stage in this country, especially in regard to the technical details of its employment. Until this stage has passed, conflicting views as to exact method of choice must inevitably tend to confuse the practitioner, and the novice will be well advised to adhere to one recognized method till proficiency is attained before turning to others. The present small volume is a useful practical introduction to the author's method. The quinine and urethane solution is the one most favoured, and full practical details given for its injection intravenously into the empty vein. By the use of this method very small amounts of solution appear to produce adequate thrombosis. The other solutions in current use are considered briefly, but their employment is recommended only in cases in which quinine is contra-indicated. The chapter devoted to ætiology and pathology is rather sketchy, and the application of injection, methods to varicose ulcer cases is not dealt with at all fully. The book is clearly written, and should prove a sound basis on which to commence actual experience of injection treatment.

THE ART OF SURGERY. By H. S. SOUTTAR, D.M., M.Ch., F.R.C.S. (London: William Heinemann.) Pp. 624, illustrated. Price 30*s*. net.

Those who are familiar with Mr. Souttar's inventive genius have come to expect from him something thoughtfully planned and designed to be of practical value. They will not be disappointed in this book, the object of which, as he explains in the preface, is to lighten the burden of the student by omitting what is not essential, and by describing fully what is fundamental.

In comparison with some of the surgical text-books in common use there are many points in its favour. Despite its size, it is light enough to be held in the hand instead of resting on the table. Its paragraphs are not disfigured by headings, numbers and letters to denote subdivisions. The margins are wide, and notes and drawings are inserted therein to clarify the text. It has thus been possible to avoid the conventional language of the text-book, and to describe the processes of disease in the style of an essayist, who gradually builds up and expounds his theme in a logical and orderly fashion, making of each chapter a continuous whole, instead of a series of disjointed observations and precepts.

The book seems to make a real attempt to show that the processes of disease are essentially the same in all organs or regions of the body, the manifestations being determined by the anatomical and physiological peculiarities of the affected part. This is a veritable lightening of the burden; for so often a student gathers from his reading that every part has its own peculiar diseases, and it appears to him to be impossible to cover the ground.

It is plain that much thought has been devoted to deciding what is not essential and what is fundamental. The author is to be congratulated on his judgment, and the production of a well-balanced account of the present state of surgical opinions and practice.

The sections dealing with the affections of the central and peripheral nervous system, the chest, and the œsophagus, and also the references to the use of radium, call for special mention, as they reflect the peculiar interest taken by Mr. Souttar in these subjects. In addition to the marginal drawings there are several excellent illustrations in colour.

The general standard of the work is so high that one is almost surprised to find certain statements which will call for future correction. To say that a subungual exostosis is of a similar nature to a cancellous exostosis; that an acute duodenal ulcer, occurring in a case of burns, forms at the point where the bile, loaded with excreted toxins, impinges on the duodenal wall; that Volkmann's contracture is due to interference with the arterial supply of muscles; that the only inconvenience of myositis ossificans traumatica is a little stiffness, rarely calling for treatment; that the simplest plan to cure a femoral hernia is to use the vertical incision, and insert a single suture uniting Poupart's ligament to the fascia of Cooper, are statements unworthy of this book.

It is unfortunate that the menace of the final examination drives a large number of students to take refuge in "cram"-books, their panic blinding them to the fact that they are choosing the foolish and difficult way, instead of the reasonable and more certain way of acquiring the requisite knowledge. To those, however, whose preliminary education has enabled them to appreciate good writing, and who are trying to build their knowledge of surgery upon the foundations of anatomy, physiology, pathology and clinical observation this book will be a real help, and even a source of enjoyment in their work.

TWEEDY'S PRACTICAL OBSTETRICS. Sixth Edition. Edited and largely rewritten by BETHEL SOLOMONS, M.D., F.R.C.P.I., M.R.I.A. (Oxford University Press.) Pp. 740. Illustrated. Price 25s. net.

The sixth edition of this well-known book is largely rewritten by Dr. Bethel Solomons. This edition has been increased by 142 pages, with the addition also of 134 illustrations. The high standard of the book is maintained, and from a practical point of view it is invaluable. In dealing with the toxæmias of pregnancy an effort has been made to state concisely the modern views and to correlate them with biochemical findings. The term "eclampsism," though not euphonious, has been adopted for the pre-eclamptic toxæmia; the only gain would seem to be a mental picture of a possible sequence of events. The treatment of eclampsia by the Dublin method is well described, but some disappointment may be expressed at seeing Stroganoff's treatment appearing under "some of the treatments that have been recommended," and otherwise practically ignored. Ante-partum hæmorrhage is dealt with in a simple and lucid manner, and one is interested to note that the method of plugging the vagina which was formerly recommended for accidental hæmorrhage has now been abandoned. The present routine treatment may be summarized: Submammary saline, rupture of the membranes and pituitary extract. The results are good, for in the last two years, in spite of many serious cases, no maternal death has occurred.

It is with real pleasure that we note the term "contracted pelvis" is rarely used, being displaced by "disproportion"; this is not of academic interest, for it reflects the fundamental point of treatment. In this section trial labour, advocated by Holland in this country, is rightly given a prominent place. The Appendix dealing with statistics, tests for pregnancy and the use of X-rays should be of great value, but unfortunately the production of the X-ray photos is, in the main, poor. The illustrations throughout the book are diagrammatic and clear; it seems strange that those of microscopic structures such as appear on pages 254 and 534 should be so utterly unconvincing. One has no hesitation in welcoming this edition as a worthy successor to the previous ones, nor in recommending it to the student with every confidence.

ANTE-NATAL CARE. By W. F. T. HAULTAIN, O.B.E., M.B.(Camb.), F.R.C.S.E., and E. CHALMERS FAHMY, M.B.(Edin.), F.R.C.S.E. (Edinburgh: E. & S. Livingstone.) Pp. 108. Price 5s. net.

It is extremely fitting that a book on this subject should emanate from the Edinburgh School, for the late Dr. Ballantyne, one of its teachers, will be remembered as a pioneer in the movement for ante-natal care. The early part of the book is devoted to the diagnosis and hygiene of normal pregnancy, and one feels that the authors are right in suggesting that ante-natal care should begin after one period had been missed. The section on albuminuria impresses the recent views that permanent kidney damage is an important sequela. The student has here a small and easily readable book containing much advice which would take a much greater time to extract from the ordinary text-books.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ALEXANDER, FREDERICK WILLIAM, M.R.C.S.(Eng.), L.R.C.P.(Edin.), D.P.H. "Necessity for Co-operation and Co-ordination of Hospital Departments Administering Electro-therapeutics, Physio-therapeutics, Actino-therapeutics, and utilizing X-Rays." *The Actinic Practitioner and Electro-therapist*, December, 1928.

——— "Arthritis (Rheumatoid) and Neuritis (Neuralgia): Some Probable Causes." *The Actinic Practitioner and Electro-therapist*, January, 1929.

ARMSTRONG-JONES, Sir ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "The Value of Sleep." *Practitioner*, January, 1929.

ARMSTRONG, R. R., M.D., M.R.C.P., and SHAW, WILFRED, F.R.C.S. "Streptococcal Vaccines in the Treatment of Puerperal Sepsis." *British Medical Journal*, December 15th, 1928.

AUBREY, G. E., M.D., B.S. "Rat-bite Fever in Hong-Kong." *British Medical Journal*, December 29th, 1928.

BANNISTER, R. T., M.B., B.S. "Twin Abortion from a Uterus Didelphys." *British Medical Journal*, January 5th, 1929.

BOURNE, GEOFFREY, M.D., M.R.C.P. (and STONE, KENNETH, M.D., M.R.C.P.). *The Principles of Clinical Pathology in Practice: A Guide to the Interpretation of Laboratory Investigations for the Use of those Engaged in the Practice of Medicine.* London: Oxford University Press, 1929.

BROOK, C. O. S. BLYTH, M.R.C.S., L.R.C.P., D.P.H., "Gastric Secretion in Phthisis." *Lancet*, December 1st, 1928.

BROUGHTON-ALCOCK, W., M.B. (and STEVENSON, W. E., M.B., and WORSTER-DROUGHT, C., M.D.). "Cysticercosis of the Brain." *British Medical Journal*, December 1st, 1928.

DALTON, P. P., M.R.C.S., L.R.C.P. "Injection of Varicose Veins with Carbolic Acid." *British Medical Journal*, December 1st, 1928.

DAVIES, J. H. TWISTON, M.B. "Treatment of Lupus Erythematosus with Gold Compounds." *British Medical Journal*, January 5th, 1929.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "A Vocal Complication of Tonsillectomy and its Treatment." *British Medical Journal*, January 5th, 1929.

FRASER-SMITH, A. E., M.B., B.S., M.R.C.S. "Miliary Tuberculosis of the Lungs in a Patient, æt. 73: Absence of Physical Signs." *Clinical Journal*, January 2nd, 1929.

GILLIES, H. D., C.B.E., F.R.C.S. (and KILNER, T. P., F.R.C.S.). "The Treatment of the Broken Nose." *Lancet*, January 19th, 1929.

GOW, A. E., M.D., F.R.C.P. "Some Disorders of the Lymph-Glands." A British Medical Association Lecture. *British Medical Journal*, December 1st, 1928.

GROVES, E. W. HEY, M.D., F.R.C.S. "Medico-Legal Aspects of Fractures." *Lancet*, November 17th, 1928.

——— "Peri-Arterial Sympathectomy." *Bristol Medico-Chirurgical Journal*, Winter, 1928.

HARRISON, G. A., B.A., M.D. "Tests of Renal Efficiency; Blood Analysis; Dye Tests." *Lancet*, December 1st, 1928.

HEALD, C. B., C.B.E., M.D., M.R.C.P. "The Present Position of Ultra-Violet Light Therapy." *British Medical Journal*, January 19th, 1929.

HILL, NORMAN H., M.D., M.R.C.P. "A Case of Empyema, Accompanied by Œdema of the Arm." *Lancet*, December 1st, 1928.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "Some Considerations in Relation to Functional Diseases of the Heart." *Practitioner*, December, 1928.

HUDSON, BERNARD, M.D., MR.C.P. "Surgical Treatment of Pulmonary Tuberculosis." *British Medical Journal*, January 5th, 1929.

HURRY, JAMIESON B., M.A., M.D. (and CAMERON, ALLISON W., M.B.). "The Breaking of Vicious Circles by Remedial Exercises." *Journal of Chartered Society of Massage and Medical Gymnastics*, December, 1928, and January, 1929.

KILNER, T. POMFRET, F.R.C.S. *See* Gillies and Kilner.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "The Beginnings of the Literary Renaissance of Surgery in England." *Proceedings of the Royal Society of Medicine*, November, 1928.

——— "The General Clinical London Hospitals: A Series of Historical Articles. IV. St. Bartholomew's Hospital." *Cambridge University Medical Society Magazine*, Easter Term, 1928.

——— "Epoch-making Books in British Surgery. VII. Severall Chirurgicall Treatises by Richard Wiseman, 1676." *British Journal of Surgery*, January, 1929.

ROCHE, ALEXANDER E., M.A., M.D., M.Ch.(Camb.), F.R.C.S. "Torsion of the Spermatic Cord." *Clinical Journal*, December 5th, 1928.

SHAW, WILFRED, M.A., M.B., B.Ch.(Cantab.), F.R.C.S. *See* Armstrong and Shaw.

——— "A Case of Adenomyolipoma of the Fallopian Tube." *Journal of Obstetrics and Gynæcology of the British Empire*, Winter No., 1928.

SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on a Specimen of Spondylolisthesis found in the Skeleton of a Bantu Native of South Africa." *British Journal of Surgery*, January, 1929.

STONE, G. KENNETH, D.M., M.R.C.P. *See* Bourne and Stone.

THOMAS, J. L., M.D. "A Case of Diaphragmatic Hernia." *British Medical Journal*, December 1st, 1928.

WALKER, KENNETH M., O.B.E., F.R.C.S., M.A., M.B., B.C. "Testicular Pain." *Practitioner*, January, 1929.

WEBER, F. PARKES, M.D., F.R.C.P. (and KNOP, F., M.D.). "Stenosis (Coarctation) of the Aortic Isthmus with Subcutaneous Pulsating Arteries in the Back." *Proceedings of the Royal Society of Medicine*, November, 1928.

——— and BARKER, FRANCIS J., M.D., ADAMS, F. SHIRLEY, M.D., and DICKSON, W. E. CARNEGIE, M.D., F.R.C.P. [Edin.]). "Splenomegalic Polycythæmia with High Blood-Pressure." *British Medical Journal*, December 22nd, 1928.

WHALE, H. LAWSON, M.D., F.R.C.S. "Tumour of Carotid Body." *Proceedings of the Royal Society of Medicine*, December, 1928.

WHARRY, H. MORTIMER, F.R.C.S. "The Tear-Reflex Test for Asthma of Nasal Origin." *British Medical Journal*, December 1st, 1928.

——— "An Unusual Case of Diphtheria." *British Medical Journal*, January 5th, 1929.

WHITE, C. F. ORR, M.R.C.S., L.R.C.P. "Electrotherapy in Non-Gonococcal Cervicitis." *British Medical Journal*, January 19th, 1929.

WHITTINGDALE, JOHN, M.A., M.B., F.R.C.S. "The Transmissibility of Pyorrhœa Alveolaris." *British Medical Journal*, February 2nd, 1929.

WILLIAMS, H. E. EVERARD, M.D. "The Acute Pelvis." *British Medical Journal*, December 1st, 1928.

WILLOUGHBY, W. M., M.D., B.Ch., D.P.H. "Food Protection," *Medical Officer*, December 29th, 1928.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The British Journal of Venereal Diseases—Broadway—Charing Cross Hospital Gazette—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—Kenya and East Africa Medical Journal—The London Hospital Gazette—Long Island Medical Journal—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—Quarterly Journal of the Research Defence Society—The Queen's Medical Magazine—Revue de Médecine—The Student.

EXAMINATIONS, ETC.

Conjoint Examination Board.

Pre-Medical Examination, January, 1929.

Chemistry.—Bensley, W. E. C., Blamey, F. W., Edwards, R. G., Hamilton, G. J., Mason, T. O., Sansom, H. V.

Physics.—Blamey, F. W., Edwards, R. G., Jenkins, J. R. R., Sansom, H. V., Smallhorn, T.

First Examination, January, 1929.

Part I. Anatomy.—Allen, E. L., Collingwood, S. G., Cutlack, A. R., George, C. A., Spaight, P. Q. M., Symonds, J. W. C., Vacher, A., White, F. C. H.

Part I. Physiology.—Allen, E. L., Chester-Williams, T. L., Collingwood, S. G., Davidson, R. T., Dodson, E. E., Evans, W. E. F., Hatton, P. L. S., Roache, H. J., Spaight, P. Q. M., Vacher, A.

Part II. Pharmacology and Materia Medica.—Crossley-Meates, B., Cusack, M. K., Knox, J. S., Weeks, A.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.:

Barber, S. W., Bennett, R. C., Bradshaw, G. H., Cowin, P. J., Croft, D. F. L., Everett, A. D., Forrester-Wood, W. R., Francis, R. H., Gonin, M. W., Gordon, I., Gray, J. T. C., Jones, O. T., Oakley, W. G., Page, L. G. M., Preiskel, I., Rice, R. A. C., Riley, A. C., Robinson, V. C., Sabri, I. A., Stark, H., Sugden, E. C., Taylor, H., Thompson, V. C., White, R. P., Whiting, J. S., Wickramasinghe, S.A., Williams, A. G., Wood-Smith, F. G.

L.M.S.S.A.

The Diploma of the Society has been granted to the following: Bray, J. S. B., Freud, J., Weeks, A.

CHANGES OF ADDRESS.

ALLNUTT, Major E. B., R.A.M.C., Foxacre, Fleet, Hants.
ATKINSON, E. MILES, 9, Royal Crescent, Bath. (Tel. Bath 4946.)
JEUDWINE, Lt.-Col. W. W., I.M.S., Holyrood House, Newport, Isle of Wight.
LADELL, E. W. J., Elliott, Cape Province, South Africa.
LEITCH, J. N., Freetown, Sierra Leone, W. Africa.
TAYLOR, W. E. C., Crabb Hall, Tellisford, near Bath.
VERRALL, P. J., 36, Harley Street, W. 1. (Tel. Langham 3603.)
WILLOUGHBY, H. M., 25, Harmer Street, Gravesend, Kent.
WILLOUGHBY, W. M., Horsell Rise Cottage, Woking, Surrey. (Tel. Woking 623.)

APPOINTMENTS.

ALLNUTT, Major E. B., R.A.M.C., M.C., M.R.C.S., L.R.C.P., D.P.H., appointed Training Officer, Royal Army Medical Corps.

CHESTER-WILLIAMS, F. E., M.R.C.S., L.R.C.P., appointed Medical Officer in Charge of the Radium Therapy Department, Royal Infirmary, Bradford.

LEITCH, J. N., M.B., B.S.(Lond.), appointed Pathologist to the West African Medical Service, Sierra Leone.

BIRTH.

PECK.—On February 4th, 1929, at 27, Welbeck Street, W. 1, to Marie (*née* Tubby), wife of Dr. Eric F. Peck, 30, Ladbroke Gardens, W. 11, and late of Cyprus—a daughter.

MARRIAGES.

FAIRBAIRN—BELL.—On February 14th, 1929, at Kensington (by special licence), Donald C. Fairbairn, M.C., M.B., B.S., son of Mr. and Mrs. A. C. Fairbairn, to Marjorie, daughter of the late Robert Clifton Bell and Mrs. Bell, of 42, Edwardes Square, London, W. 8.

VERGETTE—STEPHENS.—On February 16th, 1929, at St. Bartholomew-the-Great, Edward Seward, son of Mr. and Mrs. E. B. Vergette, late of St. Helens, Claygate, Surrey, to Dorothy Olwen, daughter of the late Dr. Stephens and Mrs. Stephens, of 163A, Sutherland Avenue, W. 9.

SILVER WEDDING.

WEIR—SKEY.—On February 13th, 1904, in Penang, Hugh Heywood Weir, M.A., M.B., of Malvern, to Margaret Mary Denison Skey, of Weare, Somerset. Present address: 7, Ashworth Road, Maida Vale, W. 9.

DEATHS.

BLACKMORE.—On February 2nd, 1929, at Vale House, Salisbury, Humphrey Purnell Blackmore, M.D., aged 93.

GEORGE.—On January 31st, 1929, at Margate, Howard Trevelyan George, M.A.(Camb.), M.R.C.S., L.R.C.P., of 2, St. Andrew's Place, Cardiff, and 33, Ampthill Square, Hampstead, N.W.

ROBERTS.—On January 29th, 1929, suddenly, Charles Hubert Roberts, F.R.C.S., F.R.C.P., of 48, Harley Street, late Senior Physician, Samaritan Hospital, and Senior Obstetric Surgeon, Queen Charlotte's Hospital, London, in his 64th year.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for Review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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